

FL-08 SP-2

Order re Child Support, Spousal Support,
Attorney Fees - Supplemental Packet

How to fill out

FINANCIAL STATEMENT (SIMPLIFIED) (FL-155)

DIRECTIONS

- ▶ Find the number on the sample form.

Example: ①

- ▶ Go to the same number below to find out how to fill out the form.

- ▶ Type or print in black ink.

- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

Your name and address or attorney's name and address:		TELEPHONE NO.	FOR COURT USE ONLY
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">1</div> ATTORNEY FOR: (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: </div>			
FINANCIAL STATEMENT (SIMPLIFIED)		CASE NUMBER	

NOTICE: See reverse for instructions and eligibility.

4. 1. a. ☐ My only source of income is TANF, SSI, or GA/GR. (If you check this box, skip to item 8.)
 b. ☐ I have applied for TANF, SSI, or GA/GR.
2. I am the parent of the following number of natural or adopted children from this relationship: _____
3. a. The children from this relationship are with me this amount of time: _____ %
 b. The children from this relationship are with the other parent this amount of time: _____ %
 c. Our arrangement for custody and visitation is (specify, using extra sheet if necessary): _____
6. 4. My tax filing status is: ☐ single ☐ married filing jointly ☐ head of household ☐ married filing separately.
 5. My current gross income (before taxes) per month is (specify amount): \$ _____
7. This income comes from the following:
☐ Salary (wages): Amount before taxes per month (specify amount): \$ _____
☐ Retirement: Amount before taxes per month (specify amount): \$ _____
☐ Unemployment compensation: Amount per month (specify amount): \$ _____
☐ Worker's compensation: Amount per month (specify amount): \$ _____
☐ Social Security: ☐ SSI ☐ Other: Amount per month (specify amount): \$ _____
☐ Disability: Amount per month (specify amount): \$ _____
 I have no income other than as stated in this paragraph.
8. I pay the following monthly expenses for the children in this case:
 a. ☐ Day care or preschool to allow me to work or go to school (specify amount): \$ _____
 b. ☐ Health care not paid for by insurance (specify amount): \$ _____
 c. ☐ School, education, tuition, or other special needs of the child (specify amount): \$ _____
 d. ☐ Travel expenses for visitation (specify amount): \$ _____
 9. ☐ There are (specify number) _____ other minor children of mine living with me. Their monthly expenses that I pay are (specify amount): \$ _____
10. 8. I spend the following average monthly amounts (please attach proof):
 a. ☐ Job-related expenses that are not paid by my employer (specify on separate sheet for what expenses are paid): \$ _____
 b. ☐ Required union dues (specify amount): \$ _____
 c. ☐ Required retirement payments (not Social Security or FICA) (specify amount): \$ _____
 d. ☐ Health insurance costs (specify amount): \$ _____
 e. ☐ Child support I am paying for other minor children of mine who are not living with me (specify amount): \$ _____
 f. ☐ Spousal support I am paying because of a court order for another relationship (specify amount): \$ _____
 g. ☐ Monthly housing costs: ☐ rent or ☐ mortgage (specify amount): \$ _____
11. 9. Information concerning ☐ my current employment ☐ my most recent employment:
 Employer:
 Address:
 Telephone number:
 Occupation:
 Date work started: _____

Form Approved for Optional Use
Judicial Council of California
FL-155 (Rev. January 1, 2003)

FINANCIAL STATEMENT (SIMPLIFIED)

Page 1 of 2
Family Code § 4108(b)
www.courtinfo.ca.gov

- ① Before you fill out this form, read the INSTRUCTIONS on page 2. Then, write your name and address here.
- ② If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- ③ You are the "Petitioner" if you started the case. You are the "Respondent" if another person started the case against you. Write the full name (first, middle, last) of each.
- ④ Check 1.a. if you are on TANF, SSI, or GA/GR and this is the only money you get. If you check this box, skip to ⑩ (#8) below. Check 1.b if you have applied for TANF, SSI, or GA/GR, but not getting money yet.
- ⑤ For # 2, put in the number of children born or adopted by you and the other party. For # 3, write in the percentage of time you are with the child/children and the percentage of time the other parent is with them. Example: if you have them weekdays and the other parent has them weekends the children are with you about 70% of the time and with the other parent about 30% of the time.
- ⑥ For # 4, check the box that tells how you currently file your taxes, either as a single person, married filing together, as head of household, or married but filing on your own.
- ⑦ For # 5, put in the amount of money you get each month before taxes are taken out. Then check the boxes where the money comes from and write each amount. When you add these amounts, the number should be the same as what you wrote for your total monthly income.
- ⑧ For # 6, check all boxes that apply to you, and list the amount of each of these expenses.
- ⑨ Check the box after # 7 if you have other children under age 18 living with you, *who are not part of this case*. Put in the number of children and list the amount of money you spend each month on them.
- ⑩ Read # 8 carefully, and check all boxes that apply to you. List the average amount of money you spend each month on these items. Attach proof that you make these payments (statements, bills, invoices, etc.).
- ⑪ For # 9, check the first box if you currently have a job or the second box if you are currently not working. Give the name, address and phone number of your current employer, or your most recent employer. Occupation means your job title. For example, "mechanic" or "cashier." Write the date you started this job.

PETITIONER/PLAINTIFF:	12	CASE NUMBER:
RESPONDENT/DEFENDANT:		

10. My estimate of the other party's gross monthly income (before taxes) is (specify amount): _____ \$

11. Other information I want the court to know concerning child support in my case (attach extra sheet with the information).
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____ 14

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

☐ PETITIONER/PLAINTIFF ☐ RESPONDENT/DEFENDANT

INSTRUCTIONS

Step 1: Are you eligible to use this form? If your answer is YES to any of the following questions, you may NOT use this form:

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay that party's attorney fees?
- Do you receive money (income) from any source other than the following?
 - Welfare (such as TANF, GR, or GA)
 - Salary or Wages
 - Disability
 - Unemployment
 - Worker's Compensation
 - Social Security
 - Retirement
- Are you self-employed?

If you are eligible to use this form and choose to do so, you do not need to complete the *Income and Expense Declaration* (form FL-150). Even if you are eligible to use this form, you may choose instead to use the *Income and Expense Declaration* (form FL-150).

Step 2: Make 2 copies of each of your 3 most recent pay stubs. If you received money from other than wages of salary, include copies of the payment notice received with that money.

Privacy notice: If you wish, you may cross out your Social Security Number if it appears on the wage stub or other payment notice.

Step 3: Make 2 copies of your most recent federal income tax form.

Step 4: Complete this form with the required information. Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8 1/2" x 11", and staple to this form.

Step 5: Make 2 copies of each side of this completed form and any attached pages.

Step 6: Serve a copy on the other party. Have someone other than yourself mail to the attorney for the other party, the other party, or the local child support agency one copy of this form, one copy of each of your three most recent pay stubs, and one copy of your most recent federal income tax return.

Step 7: File the original with the court. Staple this form with one copy of each of your three most recent pay stubs. Take this document and give it to the clerk of the court.

Step 8: Keep the remaining copies of the documents for your file.

Step 9: Bring the copy of your latest federal income tax return to the court hearing.

It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider. This may result in an order that is not what you want.

FINANCIAL STATEMENT (FL-155)

- page two -

DIRECTIONS

- Find the number on the sample form.
Example: 15
- Go to the same number below to find out how to fill out the form.
- Type or print in black ink.
- If you know the CASE NUMBER, fill it in. If not known, leave it blank.

- 12 List the last name and first name of both parties in the case.
- 13 Put in the total amount of money you think the other party makes in a month before taxes are taken out.
- 14 Print your name on the left and sign it on the right. Put in the date that you signed the form. By signing this form you are saying that what you wrote is correct. If you have something else you want the court to know about your case, write it down on another piece of paper and attach it to this form.
- 15 Read and follow the INSTRUCTIONS section carefully. There is nothing to fill out, but there is information here that will help you. "Eligible" means "allowed." Most people filling out this form are probably eligible, but if you answered YES to any of the questions in Step 1, you are not allowed to use this form.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: INCOME INFORMATION OF (name): 1		CASE NUMBER:
1. Total gross salary or wages, including commissions, bonuses, and overtime paid during the last 12 months: 1. \$ _____ 2. All other money received during the last 12 months except welfare, TANF, SSI, spousal support from this marriage, or any child support. Specify sources below:		
Include pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), spousal support from a different marriage, dividends, interest or royalty, trust income, and annuities.	2a. \$ _____ 2b. \$ _____ 2c. \$ _____ 2d. \$ _____	3. Add lines 1 through 2d Divide line 3 by 12 and place result on line 4a.
▶ Prepare and attach a schedule showing gross receipts less cash expenses for each business or rental property		
3. Add lines 1 through 2d Divide line 3 by 12 and place result on line 4a.		

	Average last 12 months:	Last month:
4. Gross income 3	4a. \$ _____	4b. \$ _____
5. State income tax	5a. \$ _____	5b. \$ _____
6. Federal income tax	6a. \$ _____	6b. \$ _____
7. Social Security and Hospital Tax ("FICA" and "MEDP") or self-employment tax, or the amount used to secure retirement or disability benefits	7a. \$ _____	7b. \$ _____
8. Health insurance for you and any children you are required to support	8a. \$ _____	8b. \$ _____
9. State disability insurance	9a. \$ _____	9b. \$ _____
10. Mandatory union dues	10a. \$ _____	10b. \$ _____
11. Mandatory retirement and pension fund contributions <i>Do not include any deduction claimed in item 7.</i>	11a. \$ _____	11b. \$ _____
12. Court-ordered child support, court-ordered spousal support, and voluntarily paid child support in an amount not more than the guideline amount, actually being paid for a relationship other than that involved in this proceeding:	12a. \$ _____	12b. \$ _____
13. Necessary job-related expenses (attach explanation)	13a. \$ _____	13b. \$ _____
14. Hardship deduction (Line 4d on Page 4)	14a. \$ _____	14b. \$ _____
15. Add lines 5 through 14. Total monthly deductions:	15a. \$ _____	15b. \$ _____
16. Subtract line 15 from line 4. Net monthly disposable income:	16a. \$ _____	16b. \$ _____
17. TANF, welfare, spousal support from this marriage, and child support from other relationships received each month:	17. \$ _____	
18. Cash and checking accounts:	18. \$ _____	
19. Savings, credit union, certificates of deposit, and money market accounts:	19. \$ _____	
20. Stocks, bonds, and other liquid assets:	20. \$ _____	
21. All other property, real or personal (specify below): 4	21. \$ _____	

▶ Attach a copy of your three most recent pay stubs.

FL-150 (Rev. January 1, 2003)
INCOME INFORMATION
Page 2 of 4

How to fill out

INCOME INFORMATION (FL-150a)

DIRECTIONS

- ▶ Find the number on the sample form. *Example:* 1
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known leave it blank.

- 1 Fill in the name of the Petitioner/Plaintiff and Respondent/Defendant. Fill in your name after "Income Information of."
- 2
 - On line 1, fill in your total earnings (before taxes are taken out) from the last 12 months.
 - Read question 2 carefully. Fill in amounts of other money received (such as pensions, social security, unemployment, etc.). Describe each source of money under "Specify sources below."
 - ▶ For each business or rental property you own, write on a separate paper (schedule) how much money you receive for that business or rental property, and subtract the cash expenses you have for that property. In the space, write the net (income minus expenses) money you are left with.
 - Add lines 1 through 2.d to get line 3. Divide this amount by 12 then put that amount in line 4a.
- 3
 - Complete all lines as they apply to you. Otherwise leave blank.
 - For each of the items, write the average (usual) amount for the last 12 months in the first column, and the exact amount for last month.
 - If you list job related expenses (line 13) be sure to attach an explanation.
 - If it applies to you, line 14 is the same amount as line 4d of the Child Support Information Form (page 4).
 - Complete all lines as they apply to you. Otherwise leave blank.
- 4
 - Fill in the page numbers (Page ____ of ____).
 - ▶ Attach copies of your last 3 paycheck stubs

How to fill out

EXPENSE INFORMATION (FL-150b)

DIRECTIONS

- Find the number on the sample form. **Example: 1**
- Go to the same number below to find out how to fill out the form.
- Type or print in black ink
- If you know the CASE NUMBER fill it in. If not known, leave it blank.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: EXPENSE INFORMATION OF (name): 1		CASE NUMBER:	
-------------------------------------------------------------------------------------------	--	--------------	--

	name	age	relationship	gross monthly income
2 a. List all persons living in your home whose expenses are included below and their income: <input type="checkbox"/> Continued on Attachment 1a.	1.			
	2.			
	3.			
	4.			
3 b. List all other persons living in your home and their income: <input type="checkbox"/> Continued on Attachment 1b.	1.			
	2.			
	3.			

2. MONTHLY EXPENSES

<p>a. Residence payment: 4</p> <p>(1) <input type="checkbox"/> Rent of _____ mortgage: \$ _____</p> <p>(2) If mortgage, include: Average principal: \$ _____ Average interest: \$ _____ Impound for real property taxes: \$ _____ Impound for home-owner's insurance: \$ _____</p> <p>(3) Real property taxes (if not included in item (2)): \$ _____</p> <p>(4) Homeowner's or renter's insurance (if not included in item (2)): \$ _____</p> <p>(5) Maintenance: \$ _____</p> <p>b. Unreimbursed medical and dental expenses: \$ _____</p> <p>c. Child care: \$ _____</p> <p>d. Children's education: \$ _____</p>	<p>e. Food at home and household supplies: \$ _____</p> <p>f. Food eating out: \$ _____</p> <p>g. Utilities: \$ _____</p> <p>h. Telephone: \$ _____</p> <p>i. Laundry and cleaning: \$ _____</p> <p>j. Clothing: \$ _____</p> <p>k. Insurance (life, accident, etc. Do not include auto, home, or health insurance): \$ _____</p> <p>l. Education (specify): \$ _____</p> <p>m. Entertainment: \$ _____</p> <p>n. Transportation and auto expenses (insurance, gas, oil, repair): \$ _____</p> <p>o. Installment payments (insert total and itemize below in item 3): \$ _____</p> <p>p. Other (specify): \$ _____</p> <p>q. TOTAL EXPENSES (a-p) (do not include amounts in a(2)): \$ _____</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

3. ITEMIZATION OF INSTALLMENT PAYMENTS OR OTHER DEBTS ☐ Continued on Attachment 3.

CREDITOR'S NAME	PAYMENT FOR	MONTHLY PAYMENT	BALANCE	DATE LAST PAYMENT MADE

4. ATTORNEY FEES

a. To date I have paid my attorney for fees and costs: \$ _____ The source of this money was: _____

b. I owe to date the following fees and costs over the amount paid: _____

c. My arrangement for attorney fees and costs is: _____

I confirm this information and fee arrangement.

(SIGNATURE OF ATTORNEY)

(TYPE OR PRINT NAME OF ATTORNEY)

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EXPENSE INFORMATION

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- 1** Fill in the name of the Petitioner/Plaintiff and Respondent/Defendant. Write your name after "Expense Information of."
- 2** List all persons living in your home whose expense you pay, including yourself. Fill in their name, age, their relationship to you (brother, parent, roommate), and their gross monthly income (how much they make before taxes). If you need more space, check the box, attach another page, and write Attachment 1a on top.
- 3** If there are persons living in your home who do not pay any of your Monthly Expenses, list them here as before. If you need more space, check the box, attach another page, and write Attachment 1b on top.
- 4**
 - List your Monthly Expenses here. Read each line carefully. If any do not apply to you, leave blank.
 - Mortgage is your house payment when you are buying your own home.
 - Unreimbursed medical/dental expenses are costs not covered by health insurance that you pay on your own.
 - If you pay for monthly child care, list on line c. For children's education (line d), list total monthly expenses such as tuition, lunches and school supplies.
 - For insurance (line k.), only list *life* or *accident* insurance here. List the total amount of installment payments (such as credit cards) on line o. You will list them separately below.
 - Add up lines a-p to get your total expenses, but do not include mortgage information from a (2).
- 5** List all installment payments or other debts (such as credit cards or car payments). If you need more space, check the box, attach another piece of paper, and write Attachment 3 on top. List the creditor's name (example: Mastercard), the kind of payment (car payment, loan repayment, etc.), the monthly payment amount, the balance (how much you still owe), and the date of your last payment to this creditor.
- 6** Do nothing here unless you have paid an attorney (lawyer) for this case.

How to fill out

CHILD SUPPORT INFORMATION (FL-150c)

DIRECTIONS

- Find the number on the sample form. *Example:* ①
- Go to the same number below to find out how to fill out the form.
- Type or print in black ink
- If you know the CASE NUMBER fill it in. If not known, leave it blank.

Note: only fill out this form if child support is being requested.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: CHILD SUPPORT INFORMATION OF (name): ①	CASE NUMBER
------------------------------------------------------------------------------------------	-------------

THIS PAGE MUST BE COMPLETED IF CHILD SUPPORT IS AN ISSUE.

1. Health insurance for my children ☐ is ☐ is not available through my employer. ②

a. Monthly cost paid by me or on my behalf for the children only is: \$ _____

Do not include the amount paid or payable by your employer.

b. Name of carrier:

c. Address of carrier:

d. Policy or group policy number:

2. Approximate percentage of time each parent has primary physical responsibility for the children:

Mother	%	Father	%
--------	---	--------	---

③

3. ☐ The court is requested to order the following as additional child support:

a. ☐ Child care costs related to employment or to reasonably necessary education or training for employment skills

(1) Monthly amount currently paid by mother: \$ _____

(2) Monthly amount currently paid by father: \$ _____

b. ☐ Uninsured health care costs for the children (for each cost state the purpose for which the cost was incurred and the estimated monthly, yearly, or lump sum amount paid by each parent):

④

c. ☐ Educational or other special needs of the children (for each cost state the purpose for which the cost was incurred and the estimated monthly, yearly, or lump sum amount paid by each parent):

⑤

d. ☐ Travel expense for visitation

(1) Monthly amount currently paid by mother: \$ _____

(2) Monthly amount currently paid by father: \$ _____

⑥

4. ☐ The court is requested to allow the deductions identified below, which are justifiable expenses that have caused an extreme financial hardship.

	Amount paid per month	How many months will you need to make these payments
a. <input type="checkbox"/> Extraordinary health care expenses (specify and attach any supporting documents):	\$ _____	_____
b. <input type="checkbox"/> Uninsured catastrophic losses (specify and attach supporting documents):	\$ _____	_____
c. <input type="checkbox"/> Minimum basic living expenses of dependent minor children from other marriages or relationships who live with you (specify names and ages of these children):	\$ _____	_____
d. Total hardship deductions requested (add lines a-c):	\$ _____	_____

⑧

FL-150 (Rev. January 1, 2003) CHILD SUPPORT INFORMATION Page 4 of 4

- ① Fill in the name of the Petitioner/Plaintiff and Respondent/Defendant. Fill in your name after “Child Support Information of.”
- ② If your children are covered by health insurance through your work check the first box. If not, check the second box.
 - a. If it applies to you, fill in the monthly cost of your children’s health insurance that is NOT paid by your work (paid by you or someone else).
 - b. Fill in the name of the company of your children’s health insurance plan (e.g., Aetna, Prudential).
 - c. Fill in the address of this company. d. Write the policy number, or group policy number.
- ③ Write the percentage of time the children are with each parent. Example: if you have them weekdays and the other parent has them weekends they are with you about 70% of the time and with the other parent about 30% of the time.
- ④ If more child support is requested, check box 3 and one or both boxes underneath. Fill in amounts now paid by the mother and/or father for child care while they are working or training for work, and for uninsured health care costs. Explain what these costs are for health care, and the estimated amount paid by each parent.
- ⑤ Check this box if there are other educational or special needs of the children. Explain what these costs are, the amount paid by each parent, etc. Example: “My child is disabled and attends special classes twice a week.”
- ⑥ Check this box if either parent has travel costs for visiting the children. Fill in the monthly amounts.
- ⑦ If you have costs that are very hard to pay each month, check box 4 and list them here. Write the amount you pay each month in the first column and the number of months you need to make the payments in the second column.
 - a. Check this box if you have expensive health care costs. Explain in the space provided and attach papers such as medical bills that support your claim. (Examples: diabetes, asthma)
 - b. Check this box, if you had a huge loss not covered by insurance. Explain in the space provided and attach papers that support your claim. (Example: fire destroyed home, belongings)
 - c. Check this box, if you already pay expenses of other children that live with you (from other marriages or relationships). Write the names and ages of the children in the space provided.
- ⑧ Write the total amount of these hardship costs. Fill in the page numbers (Page ____ of ____).